



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1662

DATE: April 27, 2016

TO: All Iowa Medicaid Providers and Managed Care Organizations (MCOs)
Excluding Individual Consumer Directed Attendant Care (CDAC)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: IME Billing Tips

EFFECTIVE: Immediately

This informational letter is to clarify the claim submission methodology for providers and the IME claim form completion requirements.

All providers that are licensed to practice in Iowa or meet Iowa certification requirements are eligible to participate in the Medicaid program. Providers in other states are also eligible to participate, provided they are duly licensed in that state.

The IME enrolls providers under several types of practice; they may enroll as individuals, corporation/profit organizations, not for profit, or groups. Providers should always be aware of the type of practice under which they have enrolled with the IME as this directly dictates how claim forms should be completed.

Paper Claim Form Completion:

The IME accepts the following claim forms and each form is specific for the service provided:

- UB04 for institutional services
- CMS 1500 (02/12) for professional services
- ADA 2012 (replaces all other versions of the ADA) for dental services
- Claim for Targeted Medical Care, 470-2486, for billing Home-and Community-Based (HCBS) waiver services

Claim form instructions must be followed exactly as written. The IME has detailed claim form instructions for all providers on the [Claim Forms and Instructions](http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage)¹ web page.

- Claims must be billed with these three identifiers:
 - National Provider Identifier (NPI)
 - Taxonomy code (different than the tax ID number)
 - Zip code (5 digits or 9 digits, no dash is required.) This refers to both the service location and billing location zip.

¹ <http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>

- The above three items must exactly match the information on the provider application submitted to the IME.

In order to process claims, the IME must have original versions of the claim forms. Original versions of the CMS-1500, UB-04 and ADA 2012 dental claim forms are found at office supply stores. Original Targeted Medical Care claim form for Fee-for-Service (FFS) members may be requested from the IME by contacting the IME Provider Services Unit at the number shown below.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at imeproviderservices@dhs.state.ia.us.